

Carrigeen NS, Co.Kilkenny

www.carrigeenns.com

051-895423

‘Promoting full personal and social development in caring Christian communities of learning and teaching.’



‘Déan do dhícheall’-‘Do your best’

APPLICATION FOR ENROLMENT

Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child. Filling in this application form does not guarantee a place in our school. **Your application cannot be accepted unless you enclose original or a copy of your child's Birth Certificate. Originals will be returned once copied by school.**

The Department of Education and Skills has developed an electronic database of primary school pupils called the **Primary Online Database (POD)** which involves schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. This information will be used to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting. The database will hold data on all primary school pupils. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background. ***The data required for POD is marked with an asterisk****. Please note, ***consent is required from POD for the school to upload data relating to ethnicity and religion***. All other data we need for the efficient running of the school. In order to assist with the gathering of data please complete the form **in BLOCK CAPITAL LETTERS** and return to the school. This form will be retained by the school.

PLEASE USE BLOCK CAPITALS

*Pupil First Name: _____ * Pupil Surname: _____

*Birth Cert First Name: (if different from above) _____

*Birth Cert Surname: (if different from above) _____

*Child's Date of Birth: _____

*Pupil Address: _____

*Nationality: _____

*Date of Birth: _____

*PPSN: _____

Chairperson of Board of Management-Fr.Larry O’Keeffe

Principal- Damien Aylward

Deputy Principal- Margaret Brennan

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* Gender: Male [] Female []

* Mother's Maiden Surname: _____

*Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English Yes [] No []

*If NO, please indicate what language. _____

* Religion: _____

Do you consent to uploading data relating to Religion to POD? Yes [] No []

* To which ethnic or cultural background group does your child belong (please tick one)?

(Categories based on the Census of Population)

White Irish []

Irish Traveller []

Roma []

Any other White Background []

Black or Black Irish - African []

Black or Black Irish - Any other Black Background []

Asian or Asian Irish - Chinese []

Asian or Asian Irish - Any other Asian Background []

Other (inc. mixed background) []

Do you consent to uploading data relating to ethnicity to POD? Yes [] No []

Class Placement Required: e.g... (Junior Infants/6th class) _____

Name and class of siblings already in the school: _____

Number of children in the family: _____

Placing of child (1st child, 2nd etc.): _____

PARENTS: The following information is needed for registration purposes.

Name: _____

Name: _____

Phone No : _____

Phone No : _____

Occupation: _____

Occupation: _____

Nationality: _____

Nationality: _____

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With whom does the child normally reside:

Name/s: _____

E-mail address for school reports/e-mails: _____

Selected Mobile Number for "text-a-parent": _____

(If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.)

In the event of an emergency (accident, sickness etc.) occurring during school hours and if we are unable to contact you, please give 2 other contact names and phone numbers.

Name	Phone Number
1. _____	_____
2. _____	_____

Name and address of pre-school or previous school attended:

Phone no. of previous school: _____

Previous Primary School/s Attended(if applicable): _____

(If transferring from one school to another) A Transfer Form is required if a pupil is transferring from another school and is not residing in the Parish.

I give permission to Damien Aylward (Principal) to discuss the needs of my son/daughter, with the manager of the pre-school/school listed above.

 Yes No

Name and phone no. of Family Doctor: _____

Has your child ever been referred to a specialist by your doctor?

 Yes No

If yes, please give brief details for referral: _____

Has your child any medical conditions or allergies:

 Yes No

If yes please give details: _____

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Does your child appear to have any difficulties with the following:

 Yes Yes Yes

Hearing:

 No

Speech:

 No

Vision:

 No

If you have answered yes to any/all of the above please give details:

****PLEASE ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS****

25. Has your child ever had any type of assessment?

 Yes No

If yes please give details: _____

26. Do you give permission for your child to go on school trips under teacher supervision during the school day e.g trips to the local town park, local buildings etc.

 Yes No

27. Sometimes journalists visit our school to take pictures of the children e.g awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for school projects, local newspapers, and school related activities?

 Yes No

The Board of Management cannot be held responsible for pictures/video taken by parents at various school events.

28. Please visit our school website www.carrigeenns.com. Do you give permission for your child's unnamed photo to be used on the school website?

 Yes No

29. The school teaches Relationships and Sexuality Education (RSE) using the guidelines provided by the Department of Education and Science. Do you give permission for your child to take part in this programme?

 Yes No

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30. Do you give permission for your child to take part in Swimming Lessons organised by the school?

Yes	No
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The information I have given in this form is accurate.

Yes	No
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In signing this application form I am agreeing to support the Board of Management and staff in their implementation of school policies. I am aware that all school policies including policies on behaviour, anti-bullying, attendance, child-protection, special needs etc. are on the school website are also available from the school. I agree to support the staff in their efforts to provide a positive learning experience for all children in the school.

Parent(s)/Guardian(s) signatures:

IF ANY OF THE DETAILS IN THIS FORM CHANGE - FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC, PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.

- **PLEASE DON'T FORGET TO ATTACH A COPY OF BIRTH CERT.**
 - **PLEASE DON'T FORGET TO ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS.**

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